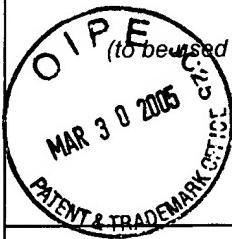


DPO
2684/1A

TRANSMITTAL FORM



(to be used for all correspondence after initial filing)

		<i>Complete if Known</i>	
Application Number		09/936,293	
Filing Date		January 24, 2002	
First Named Inventor		Yuji KAKEHI	
Examiner Name		Sujatha R. Sharma	
Group Art Unit		2684	
Attorney Docket Number		2576-119	
Total Number of Pages in This Submission	13	Confirmation Number	2438

ENCLOSURES (*check all that apply*)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Thomas E. McKiernan, Reg. No. 37,889		
SIGNATURE			Date
		March 30, 2005	Deposit Account User ID
			02-2135